



REFERENCE AUTHORIZATION

To Whom It May Concern:

I, _____, authorize the Department of Ecology to contact all of my former or present employers for the purposes of verification and reference.

I knowingly and voluntarily release the State of Washington Department of Ecology, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

_____	_____	_____
Date	Printed name of applicant	Applicant's Signature

NOTE: A photocopy of this information shall be as valid as the original.